PATENT APPLICATION FEE DETERMINATION RESSITS  Effective November 10, 1998  Ul   437/6										
	· · · · ·	CLAIMS	(Column 1)	SMALL	ENTITY	OR,	OTHER SMALL E			
FOR		NU	MBER FILED	NUMBER E	NUMBER EXTRA		FEE		RATE	FEE
	IC FEE						380.00	OR		760.00
TOTAL CLAIMS		- 4	minus	20= °		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus	3 = •		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							+	OR	TOTAL	
CLAIMS AS AMENDED - PART II							ENTITY	OR	OTHER	
		(Column	1)	(Column 2)	(Column 3)	-	ADDI-			ADDI-
ΠA	·	CLAIM REMAINE AFTER	NG	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	AMENDA	MENUS	**	•	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	200	•	X39=		OR	X78=	
8	FIRST PRESE	NTATION C	F MULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	
						101/		OR	TOTAL	
ADOIT, FEE										
4	29/4	(Column	1)	: (Catumn 2)	(Column 3)	<b></b>	ADDI-	1		ADDI-
118		REMAIN AFTEL AMENION	NG R	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		PATE	TIONAL FEE
JENDWENT B	Total	. 4:	Minus	-45	• 1	X\$ 9=		OR	X\$18=	
Š	Independent	• 3	··· Minus .	- 7	• .	)C39=	· ·	OR	X78=	
Z	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
÷.	•	•	• • • • • • • • • • • • • • • • • • • •			ADDIT. FE	L ·	]OR	ADDIT FEE	
	(Column 1) (Column 2) (Column 3)					A.D.11.70		-		
AMENDMENT C		REMAIN AFTE	S ING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
1	Total	AMENDA		1 4 Y	- 4	X\$ 9-		OR	X\$18=	200
	Independent	• 1	Minus	944, I']	•	X39=	1	OR	X78=	
13	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	1.		·
۲				• • • •		÷130=		OR	TOTAL	7:
* If the entry in column 1 is less than the entry in column 2, write "I" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "I in column 3.  * If the "Highest Number Previously Paid For" in This SPACE is less than 20, enter "3."						. TOTA	E	JOR	ADDIT. FEE	200
with "Highest Number Previously Paid For" IN THIS SPACE to less than 3, enter "3."  "Highest Number Previously Paid For" (Total or Independent) to the frighest number found in the appropriate box in column 1.  The Tighest Number Previously Paid For" (Total or Independent) to the frighest number found in the appropriate box in column 1.										

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FORM PTO-075 (Plot. 11/04)

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dication or Docket Number